

LEARNER PROFILE

LEARNER PROFILE GRADES R – 12 CONFIDENTIAL

- This is a legal document and information may not be removed. It must be made available by the principal of the school from which the learner has been transferred once the transfer document has been issued, to the principal of the school to which the learner is being moved. It should be posted or personally and officially handed over to the receiving principal and not given to the learner's parents/guardian (of the learner).
- This profile must be completed in print at least annually by the register teacher. No Tippex may be used.
- When information is included in the area marked by an asterisk (*), the teacher should complete the Support Needs Assessment Form of the Strategy on Screening, Identification, Assessment and Support (SIAS).

Learner No												
FOUNDATION PHASE <i>Photo must be attached at the beginning of phase</i> 	INTERMEDIATE PHASE <i>Photo must be attached at the beginning of phase</i> 	SENIOR PHASE <i>Photo must be attached at the beginning of phase</i> 	FET PHASE <i>Photo must be attached at the beginning of phase</i> 									

PERSONAL INFORMATION *(Please use BLACK ink and update if there are changes)*

Surname											
Names											
Name by which learner is called							Home language				
ID number (birth certificate)							Sex (M/F)				
Number of children in household or family											
Position in family (Indicate with X)		Only child	First child	Second child		Third child	Fourth child	Fifth / more			
Religion	African	Bahai	Buddist	Christian	Hindu	Islam	Jewish	Other:			
* Disability (if any)											
* Type of social grant (e.g. foster care, care dependency grant, child-support grant, etc.)											

MEDICAL INFORMATION *(Please use a PENCIL and update when there is change, except for allergies)*

Family doctor/Clinic							Contact no			
Allergies (indicate in RED)							Chronic illness			
Name of Medical Aid							Medical Aid no.			
Name of principal member (Medical Aid)										
Contact person (not parent or guardian) in case of emergency							Contact no			

Road to Health Card shown?	Yes	No	Number	
*Any indication of <u>problems</u> with regard to			*Remark(s) if "YES"	
Child's growth progress	Yes	No		
Prenatal/postnatal information	Yes	No		
Immunisation record (birth to 5 years)	Yes	No		
Visual/hearing/height/weight/speech/physical/locomotor screening results	Yes	No		
Hospital admissions	Yes	No		
Any developmental problems in the "In need of special care" section?	Yes	No		
Any chronic condition?	Yes	No		

INFORMATION REGARDING PARENT(S) OR GUARDIANS *(Please use a PENCIL and update if there are changes)*

	Father	Mother	Guardian
Surname & Initials			
Occupation			
Physical address			
Postal address			
City/Town			
Telephone (home)			
Telephone (work)			
Cell phone			
Email address			

PERSON(S) WITH WHOM THE LEARNER LIVES *(Fill in only when this is different from parents/guardians mentioned above)*

Surname & initials		ID Number	
Contact details		Relationship	

PERSONS AUTHORISED TO COLLECT THE LEARNER FROM SCHOOL

Surname & initials		ID Number	
Contact details		Relationship	

*** EARLY INTERVENTION SERVICES RENDERED**

(All services related to barriers to learning e.g. poverty, health, disability, social assistance)

0 – 5 year	Area of need	Services and interventions received

SCHOOLS ATTENDED (Grade R included) *(Use a BLACK PEN and update annually if (when) there are changes)*

Name of school	EMIS no	LOLT	Admission		Departure	
			Date	Gr	Date	Gr

*** AREAS NEEDING ONGOING SUPPORT**

(e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) *Please use a BLACK PEN*

MM/YY	Gr	Area of need	Nature of support	Review Date

*** AREAS NEEDING ONGOING SUPPORT (Continued)** (e.g. academic, emotional, behaviour, social, learning, vision, mobility, communication – detailed reports may be included in the profile) *Please use a BLACK PEN*

MM/YY	Gr	Area of need	Nature of support	Review Date

PARTICIPATION IN EXTRA (CO)-CURRICULAR ACTIVITIES

(School, as well as non-school related – include certificates required for Life Orientation in FET)

Year	Gr	Activity	Certificate	Organisation/other

ACHIEVEMENTS - e.g. Academic, arts & culture, sport. *(Please use a BLACK PEN and complete annually)*

Year	Gr	Activity

SENIOR PHASE										Circle results if condoned in Grade 9		
Use a BLACK PEN										Indicate performance levels		
Indicate performance levels												
Level indicators										Elementary		
Code										2 (30 – 39%)		
Year	Grade	Progress								Number of days absent	PROMOTION Y/N	
		Home Language	First Additional Language	Mathematics	Natural Sciences	Social Sciences	Life Skills	COMMENTS				

FET PHASE										Circle results if condoned		
Use a BLACK PEN										Record % achieved per subject		
Record % achieved per subject												
Level indicators										Elementary		
Code										2 (30 – 39%)		
Year	Grade	Progress								Number of days absent	PROMOTION Y/N	
		Home Language	First Additional Language	Mathematics/ Maths Literacy	Life Skills			COMMENTS				

PLACE THE FOLLOWING INFORMATION IN THIS PROFILE DOCUMENT		
Date	Document	√
	Admission form	
	Copy of birth certificate	
	Copy of Road to Health card	
	Transfer certificate/document	
	Indemnity forms	
	Letters from/to parents	
	Absenteeism letters	
	Medical reports	
	Support services	
	Intervention reports	
	* Current report card	
	Support Needs Assessment (SIAS)	
Annually	End of year report/report card	

DETAILS OF CLASS / REGISTER TEACHER			
Date	Grade	Surname and initials	Signature

*** IF THE LEARNER IS TRANSFERRED IN THE MIDDLE OF THE YEAR, THE MOST RECENT (CURRENT) REPORT SHOULD BE PLACED IN THE PROFILE**



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

SUPPORT NEEDS ASSESSMENT FORM (SNA)

SNA 1 & 2: SCHOOL LEVEL

Surname and names of learner	DOB: 20.../ / (yy/mm/dd) ID No. LURITS/CEMIS No.
Name of school:	EMIS No.:

CONFIDENTIAL

This is a confidential document that must be kept in the Learner Profile